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Bib Data Sheet

CONFIRMATION NO. 8450

<b>SERIAL NUMBER</b> 08/488,164	<b>FILING OR 371(c) DATE</b> 06/07/1995 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 7707-015
<b>APPLICANTS</b> JOHN J. KOPCHICK, ATHENS, OH; WEN Y. CHEN, ATHENS, OH;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/313,505 09/26/1994 PAT 5,681,809 which is a CON of 07/878,703 05/04/1992 PAT 5,350,836 which is a CIP of 07/693,305 05/01/1991 ABN which is a CIP of PCT/US90/05874 10/12/1990 This application 08/488,164 is a CIP of 07/419,561 10/12/1989 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 1444				
<b>TITLE</b> DNA ENCODING GROWTH HORMONE ANTAGONISTS				
<b>FILING FEE RECEIVED</b> 1575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	